



CARONDELET HEALTH & AFFILIATES EMPLOYEE HEALTH CARE FUND GROUP HEALTH PLAN

NOTICE OF PRIVACY PRACTICES

The effective date of this notice is April 14, 2003

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE
USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Organizations covered by this notice:

Carondelet Health & Affiliates Employee Health Care Fund
(includes medical and dental plans)
Health Care Reimbursement Plan

THIS NOTICE GIVES YOU INFORMATION REQUIRED BY LAW about the duties and privacy practices of Carondelet Health & Affiliates Employee Health Care Fund GROUP HEALTH PLANS (the "Plans") to protect the privacy of your medical information. The Plans provide health, dental and health care reimbursement plan benefits to you as described in your summary plan description(s). The Plans receive and maintain your medical information in the course of providing these health benefits to you. The Plans may contract with business associates to help it provide these benefits to you. These business associates also receive and maintain your medical information in the course of assisting the Plans. The Plans are sponsored by Carondelet Health & Affiliates (the "Plans' Sponsor").

The Plans are required to follow the terms of this notice until it is replaced. The Plans may change the terms of this notice at any time. If the Plans make changes to this notice, the Plans will revise it and send a new notice to all subscribers covered by the Plans at that time. The Plans may make the new changes apply to all your medical information maintained by the Plans before and after the effective date of the new notice.

Purposes for which the Plans May Use or Disclose Your Medical Information Without Your Consent or Authorization

The Plans may use and disclose your medical information for the following purposes:

Health Care Providers' Treatment Purposes. For example, the Plans may disclose your medical information to your doctor, at your doctor's request, for your treatment.

Payment. For example, the Plans may use or disclose your medical information to pay claims for covered health care services or to provide eligibility information to your doctor when you receive treatment.

Health Care Operations. For example, the Plans may use or disclose your medical information (i) to conduct quality assessment and improvement activities, (ii) for underwriting, premium rating, or other activities relating to the creation, renewal or replacement of a contract of health insurance, (iii) to authorize business associates to perform data aggregation services, (iv) to engage in care coordination or case management, and (v) to manage, plan or develop the Plans' business.

To Individuals Involved with Your Care or Payment. The Plan or the business associate responsible for administering the medical plan will not disclose information about your care to a family member, friend or other person unless you, the person the information pertains to, provides a written authorization (with the exception of minor dependents enrolled in the plan). The business associate responsible for administering the dental plan may disclose information about your care to any individual who we consider involved with your care - without your written authorization.

The Plan or the business associate responsible for administering the medical plan will not disclose information to any individual involved with payment for your health care unless you, the person the information pertains to, have provided a written authorization (with the exception of minor dependents enrolled in the plan). The business associate responsible for administering the dental plan may disclose information to any individual who we consider involved with the payment of your dental care - without your written authorization.

The Plan or the business associates of the plan (medical and dental) may mail Explanation of Benefit statements to your address of record. The Explanation of Benefit statements include medical, dental and payment information about care submitted to the Plans for payment and may include information about all enrollees.

Health Services. For example, the Plans may use your medical information to contact you to give you information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plans may disclose your medical information to their business associates to assist the Plans in these activities.

As Required by law. For example, the Plans must allow the U.S. Department of Health and Human Services to audit Plans records. The Plans may also disclose your medical information as authorized by, and to the extent necessary, to comply with workers' compensation or other similar laws.

To Business Associates. The Plans may disclose your medical information to business associates the Plans hire to assist with plan management. For example, we may disclose your information with the third party administrators we hire to manage to process claims. Each business associate of the Plans will agree in writing to protect the confidentiality and security of your medical information.

To Plans' Sponsor. The Plans may disclose your medical information to the Plans' Sponsor for Plans administrative functions that the Plans' Sponsor provides to the Plans if the Plans' Sponsor agrees in writing to protect the confidentiality and security of your medical information. The Plans' Sponsor will also agree not to use or disclose your medical information for employment-related activities or for any other benefit or benefit plans of the Plans' Sponsor.

For Judicial and Legal Purposes. The Plans may use and disclose your medical information as follows:

- To comply with legal proceedings, such as a court or administrative order or subpoena.
- To law enforcement officials for limited law enforcement purposes.
- To avert a serious threat to your health or safety or the health or safety of others.
- To a governmental agency authorized to oversee the health care system or government programs.
- To federal officials for lawful intelligence, counterintelligence and other national security purposes.
- To appropriate military authorities, if you are a member of the armed forces.

Miscellaneous Other Uses and Disclosures. We may use and disclose your information for the following miscellaneous purposes:

- For research purposes in limited circumstances.
- To a coroner, medical examiner, or funeral director about a deceased person.
- To an organ procurement organization in limited circumstances.
- To public health authorities for public health purposes.

Uses and Disclosures with Your Permission

The Plans will not use or disclose your medical information for any other purposes unless you give the Plans your written authorization to do so. If you give the Plans written authorization to use or disclose your medical information for a purpose that is not described in this notice, then, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all your medical information the Plans maintain, unless the Plans have taken an action in reliance on your authorization.

Your Rights

You may make a written request to the Plans to do one or more of the following concerning your medical information that the Plans maintain:

- To put additional restrictions on the Plans' use and disclosure of your medical information. The Plans do not have to agree to your request.
- To communicate with you in confidence about your medical information by a different means or at a different location than the Plans are currently doing. The Plans do not have to agree to your request unless such confidential communications are necessary to avoid endangering you and your request continues to allow the Plans to collect premiums and pay claims. Your request must specify the alternative means or location to communicate with you in confidence. Even though you requested that we communicate with you in confidence, the Plans may give subscribers cost information.
- To see and get copies of your medical information. In limited cases, the Plans do not have to agree to your request.
- To correct your medical information. In some cases, the Plans do not have to agree to your request.
- To receive a list of disclosures of your medical information that the Plans and their business associates made for certain purposes for the last 6 years (but not for disclosures before April 14, 2003).
- To send you a paper copy of this notice if you received this notice by e-mail or on the Internet or Intranet.

If you want to exercise any of these rights described in this notice, please contact the Contact Office (below). The Plans will give you the necessary information and forms for you to complete and return to the Contact Office. In some cases, the Plans may charge you a nominal, cost-based fee to carry out your request.

Complaints

If you believe your privacy rights have been violated by the Plans, you have the right to complain to the Plans or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with the Plans at our Contact Office (below). We will not retaliate against you if you choose to file a complaint with the Plans or with the U.S. Department of Health and Human Services.

Posting of Notice

This privacy notice will be posted on Carondelet Health's Intranet (CNET) and the Carondelet Health Internet website (www.carondelethealth.org).

Changes to this Notice

The Plans may make changes to this Notice. We will provide you with a revised Notice within 60 days of any material revision to the Notice.

Contact Information

To request additional copies of this notice or to receive more information about our privacy practices or your rights, please contact us at the following Contact Office:

Donna Sumner, Deputy Privacy Official
Carondelet Health & Affiliates Employee Health Care Fund Group Health Plan
1000 Carondelet Drive
Kansas City, Missouri 64141
(816) 943-2288 Telephone
(816) 943-2089 Facsimile
planprivacyofficer@carondelet.com